

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/1018065

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	2					
6	2					
7	12					
8	12					
9	12					
10	12					
11	12					
12	12					
13	/					
14	/					
15	/					
16	/					
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26						
27						
28	N					
29						
30			12			
31			2			
32			2			
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45						
46						
47						
48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	15		14			
TOTAL CLAIMS	17		16			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS